

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2290</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Randall W Brown</u> P.O. Box, Bldg., Room No., if any _____ Street <u>5408 West Haven Dr.</u> City <u>Evansville</u> State <u>IN</u> ZIP Code + 4 <u>47720-3413</u>	4. Name, file number, and address of labor organization. Name <u>Plumbers & Steamfitters L.U. 136</u> Labor Organization File Number <u>043-439</u> P.O. Box, Building and Room Number, if any _____ Street <u>2300 St. Joe IND. PK DR.</u> City <u>Evansville, IN 47720</u> State <u>IN</u> ZIP Code + 4 <u>47720-1251</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Randy Brown

On

2/18/2006
Date

812-423-4586
Telephone Number

Name of Person Filing <u>Randall W. Brown</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Plumber & Pipe Fitters National Pension</u></p> <p>Trade Name, if any: <u>PPNPF</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Plumbers & Pipe Fitters Natl Pen Fund</u></p> <p>Trade Name, if any: <u>PPNPF</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>103 ORONO ST.</u></p> <p>City <u>Alexandria</u></p> <p>State <u>VA</u> ZIP Code + 4 <u>22314-2047</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>The Plan/Trust provides Pension Benefits for employees of the labor organization I represent.</u></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><u>Reimbursement of Meeting Expenses</u> <u>February 25, 2005</u></p> <p>12.b. Amount. <u>581.86</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <i>Randall W Brown</i>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>Plumbers & Pipe Fitters Nat. Pen Fund</i></p> <p>Trade Name, if any: <i>PPNPF</i></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <i>103 Oronoco St.</i></p> <p>City <i>Alexandria</i></p> <p>State <i>VA</i> ZIP Code + 4 <i>22314-2047</i></p>	<p>11.a. Nature of such dealing.</p> <p><i>The Plan/Trust provides pension benefits for employees of the labor organization I represent</i></p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><i>Reimbursement of Meeting Expenses.</i> <i>June 15, 2005</i></p> <p>12.b. Amount. <i>905.75</i></p>

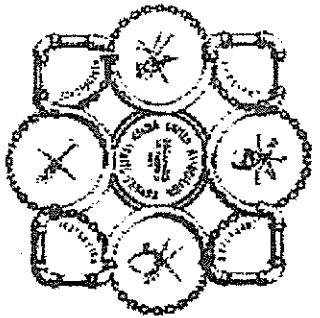
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing <i>Randall W. Brown</i>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <i>Plumbers & Pipefitters Natl. Pen. Fund</i> Trade Name, if any: <i>PPNPF</i> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <i>103 Oronoco Street</i> City <i>Alexandria</i> State <i>VA</i> ZIP Code + 4 <i>22314-2047</i>	11.a. Nature of such dealing. <i>The Plan/Trust provides pension benefits for employees of the labor organization I represent.</i> 11.b. Approximate dollar value of such dealing. <input type="text"/> 12.a. Nature of interest held or income received. <i>Reimbursement of Meeting Expenses. March 14, 2005</i> 12.b. Amount. <i>842.51</i>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <input type="text"/>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>



PPNPF - DSS

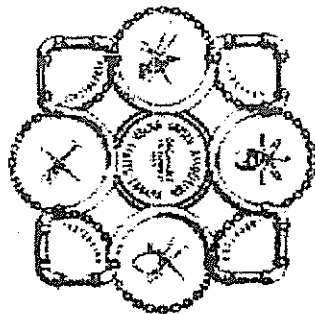
FY | | | | | |---|---|---|---| | 2 | 0 | 0 | 5 | |---|---|---|---| Accounts Payable

40324

VENDOR: TR-RWB RANDALL W. BROWN		PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND		CHECK NO. 38937	
Account Number	20050225	2/25/2005	581.86	581.86	581.86
			Check Total	.00	581.86

- Expenses
 - ☐ Advisers
 - ☐ Auditors
 - ☐ General Expenses
 - ☐ Legal Expenses
 - ☐ Refunds
 - ☐ Taxes
 - ☐ Void Checks
 - ☒ Trustee Expenses
- Registers

<input type="radio"/> Mergers	<input type="radio"/> July	<input type="radio"/> Nov.	<input type="radio"/> March
<input type="radio"/> G/L Posting Report	<input type="radio"/> Aug.	<input type="radio"/> Dec.	<input type="radio"/> April
<input type="radio"/> Purchase Journal	<input type="radio"/> Sep.	<input type="radio"/> Jan.	<input type="radio"/> May
<input type="radio"/> Misc. Debit Journal	<input type="radio"/> Oct.	<input type="radio"/> Feb.	<input type="radio"/> June
<input type="radio"/> Check Register			
<input type="radio"/> Edit Register			
<input type="radio"/> Void Check Log			



PPNPF - DSS

FY 2005 Accounts Payable

40324



VENDOR:

TR-RWB

RANDALL W. BROWN

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND

39065

3/23/2005

CHECK NO. 39065

20050314
Account Number

3/1/4/2005

842.51

842.51

Check Total

00

842.51
842.51

Expenses

- ☐ Advisers
☐ Refunds
☐ Auditors
☐ Taxes
☐ General Expenses
☐ Void Checks
☒ Legal Expenses
☒ Trustee Expenses

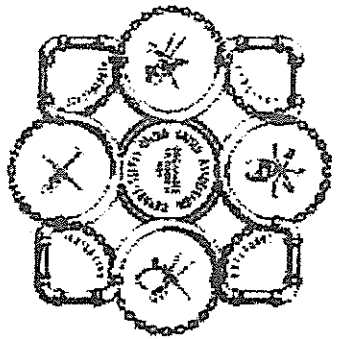
☐ Mergers

Local

Registers

- ☐ G/L Posting Report
☐ Purchase Journal
☐ Misc. Debit Journal
☐ Check Register
☐ Edit Register
☐ Void Check Log
- ☐ July
☐ Aug.
☐ Sep.
☐ Oct.
☐ Nov.
☐ Dec.
☐ Jan.
☐ Feb.
☐ March
☐ April
☐ May
☐ June

Copy of Archive_PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND_Copy of Archive



PPNPF - DSS

FY | | | | | |---|---|---|---| | 2 | 0 | 0 | 5 | |---|---|---|---| Accounts Payable

40324



VENDOR:

TR-RWB

RANDALL W. BROWN

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND

CHECK NO. 39547

20050615

Account Number

6/15/2005

905.75

905.75

Check Total .00

905.75
905.75

Expenses

- ☐ Advisers
☐ Auditors
☐ General Expenses
☐ Legal Expenses

- ☐ Refunds
☐ Taxes
☐ Void Checks
☒ Trustee Expenses

☐ Mergers

Local					
-------	--	--	--	--	--

- | Type | Registers | Date |
|---|----------------------------|-----------------------------|
| <input type="radio"/> G/L Posting Report | <input type="radio"/> July | <input type="radio"/> Nov. |
| <input type="radio"/> Purchase Journal | <input type="radio"/> Aug. | <input type="radio"/> Dec. |
| <input type="radio"/> Misc. Debit Journal | <input type="radio"/> Sep. | <input type="radio"/> Jan. |
| <input type="radio"/> Check Register | <input type="radio"/> Oct. | <input type="radio"/> Feb. |
| <input type="radio"/> Edit Register | | <input type="radio"/> March |
| <input type="radio"/> Void Check Log | | <input type="radio"/> April |
| | | <input type="radio"/> May |
| | | <input type="radio"/> June |